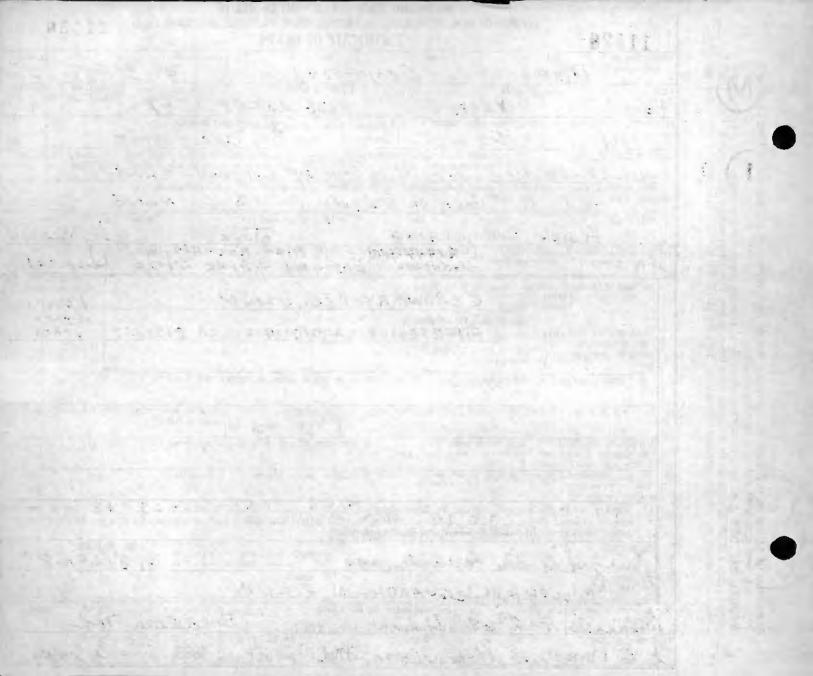
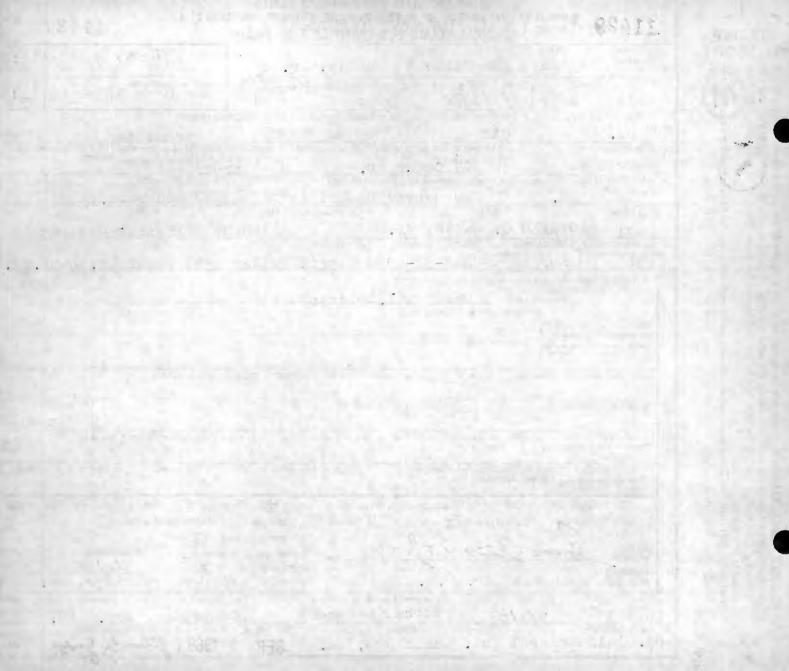
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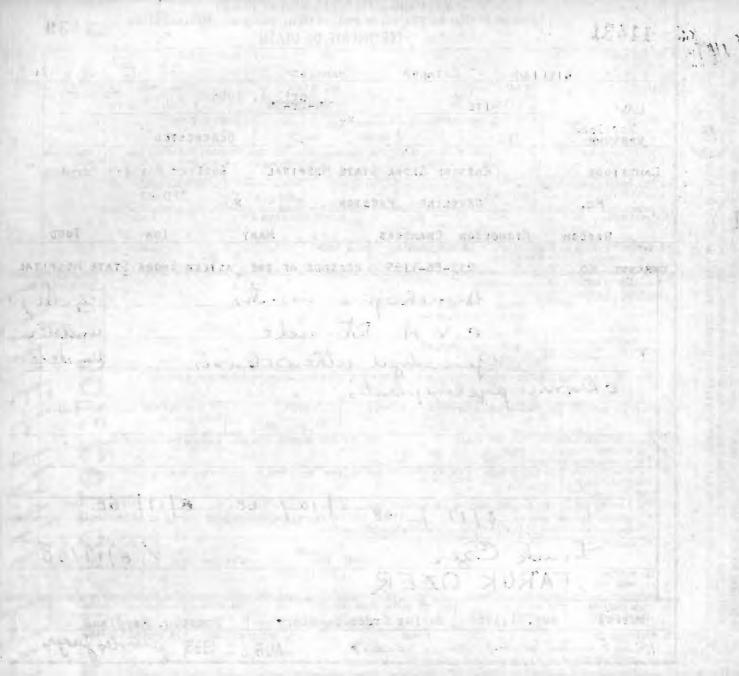


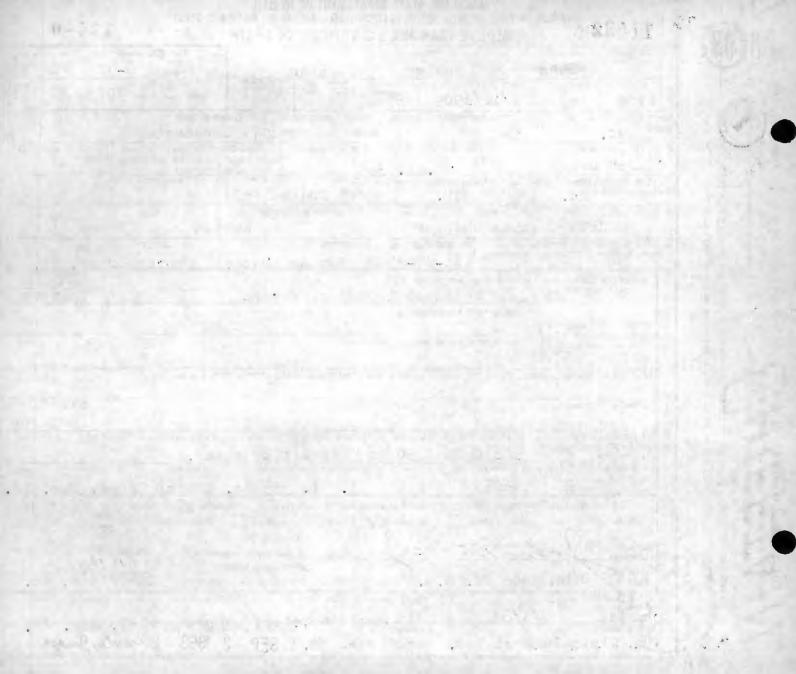
MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2g. DATE KNOWN Month Year (Type or Print) ESTI-Page MARIES d, DEATH MATED 4 RACE AGE (in years IF ANDER 24 HRS 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR pup PM3 Year 10-06-75 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9_COUNTY OF DEATH DIVORCED Give Pages ID, CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done after death NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY Office along 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR edmission) STATE EASTON YES NO NO and 2 24 hours IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last First Middle hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within (Yes, no, or unknown) (if yes give wor or dates of service) within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a). be the Chief Me event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). any certificate should writing the ward DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ farwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O 015 remayal CERTIFICATION used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES [shauld be G 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING S burial, crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I tack charge of the remains described above, held an Autopsy Inquiry Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER may Health NAME (Type ADDRESS(Street, city, town, or county) 50 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) REMOVAL (Specify) UNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15ME [5] 1968 AUG 10M REV, 1/68

Sugar F. Brenney S. P. S. maje wante 10-06-95 92 MARY PANT U.S.A DECEMBERCE Combindaye (Report) Ensternisher State Hesp Campon ten war come managland Talbet Easter X Rede #1 Sease James A Bonning Tyles, Mary Annough 10 mt holed Enstern Siera State Hage Commissional · 一个人,他们就是一个人的人,





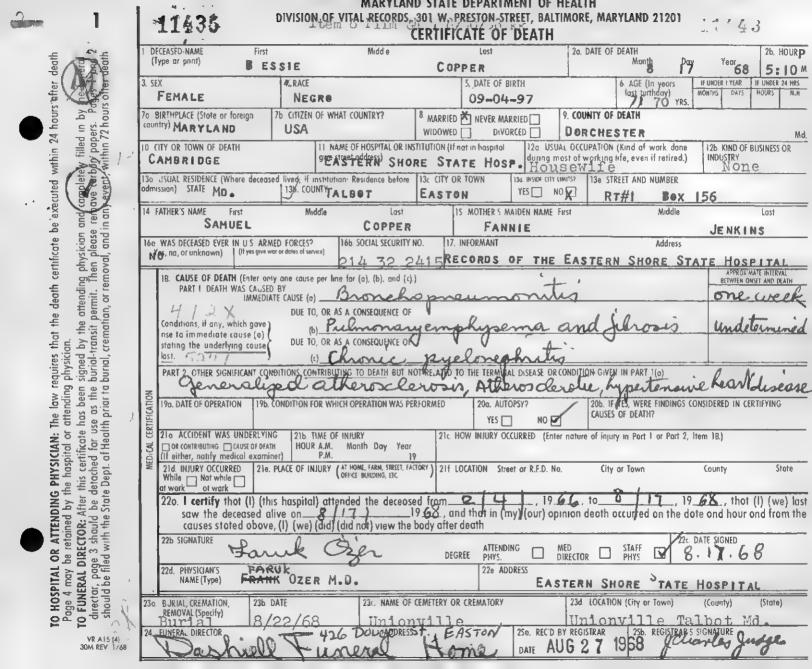
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NG PHYSICIAN: y the hospital or ter this certificate e detached for y iate Dept. of Hea	JWE	21d. INJURY OCCURRED 21ii While Not while at work	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC.	FF, FACTORY.) 21f LOCATION Street or R.F	F.D. No. City ar Tawn	County State
DING J by After J be Stat		220. I certify that (I) (t	his hospitol) ottended the dec alive on	eased from, and that in (my) (ou the body after death.	, 19, ta 2/24/ ir) opinion deoth occurred 6	, 19, that (I) (we) los n'ine date and haur and fram the
OR AI be reto DIRECTO		22b. SIGNATURE/	a Maryanor	Degree Attending L	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 8 / 2 C / 6 f
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TO HOSPIT Page 4 m To FUNIRA director, I	230	MELLOUINE CC 15 3	ug 27, 1968 Camb	of cemetery or crematory	23d LOCATION (City or To	, Maryland
VR A15 (4)		FUNERAL DIRECTOR	ADD	RESS 2So. I		GISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH









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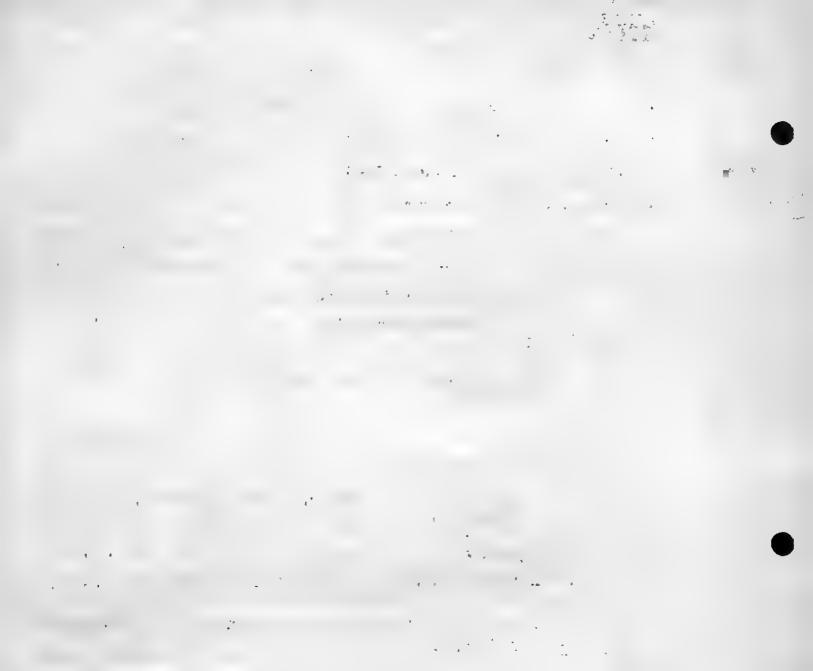
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, [CERTIFICATION	19a. DATE OF OPERATION 19b. 6	ONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY?		206 of YES, WERE FINDING CAUSES OF DEATH?	3S CONSIDERED IN	CERTIFYING
	ERTH	O) - ACCIDENT IDAS IMPERIORES	Last Title of House	la.	YES 🚅	NO 🗌		. a. t. 10)	
		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month	Day Yeor	HOW INJURY DECURRE	to (Enter noture	of injury in Part 1 or Part	. 2, Item 18}	
	MEDICAL	(If either, notify medical examination	er) P.M.	19	DOLLANDI P.	DER M	7.	6 4	C+
	~	21d. INJURY OCCURRED 21e. I While Not while at work	PLACE OF INJURY (AT HOME, FA	DING, ETC.	LOCATION Street or	K I.U NO	City or Town	County	State
		at work at work	المقابلة المعادم المعا	- deceased for—	Sept. 16.	10 07	Augaalla	10.00 45	nt (1) () 1 -t
		22o. I certify that () (this sow the deceased of	re on August	11. 1968	and that in (my) (our) opinion de	enth occurred on the	dote and hou	or (1) (we) lost
		couses stated obove	(i) (we) (didi-did not)	view the body oft	er deoth.	oory opinion de	oom account on the	, doto ond noo	, one nomine
		226 SIGNATURE				MED	STAFE	22c DATE SIGNED	11/0
		H21	u	D	EGREE PHYS	MED. DIRECTOR		Aug. 12	, "68
1		22d. PHYSICIANS NAME (Type) 623	High St., C	amb., Md.	22e ADDRESS	WIN FAS	SETT, M.D.		
-	23a	BURIAL, CREMATION, 236 D	ATE 23c	NAME OF CEMETERY			LOCATION (C ty or Town)	(County)	(State)
)		BURLAL &	/11/68	CHRIST	ROCK	CH	RIST ROCK	DOR.	MD.
3	24	FUNERAL DIRECTOR		CPRAIR FU			RAPAGE 25b. PECSTR	ar's signature	dan.
ŀ	7	Tederico C. X	Klaw CA	MBRIDGE,	MD DAI	FIAO T O	1000		
della	-							7	



					MARYLAND STATE DEPARTMENT OF HEAL	TH	
1	1			44770	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE, MARYLAND 21201	22448
F	•			工工资源 20	CERTIFICATE OF DEATH		アコンシロ
7	h. 2		1 0	CEASED NAME First		. DATE OF DEATH	2b. HOUR
	death beath		(1	ype or print) C-LEOPA	US FREDERICK ESKRIDGE	Month 16 Day	1928 M
	E (EV 3		3. SE		4 RACE S. DATE OF BIRTH		FUNDER 1 YEAR OF UNDER 24 HRS
	a e e		ļ.,	MALE	WHITE JULY 14.19	0/ last birthday) YRS. MI	ONTHS DAYS HOURS MIN.
	by Pc		7o			UNTY OF DEATH	
	vithin 24 hours sly filled in by to ban papers. Pa within 72 hours		COPI	MARYLAND	USA WIDOWED OF DIVORCED D	ORCHESTER	Mrl
	iin 24 filled i paper hun 72		10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCC	UPATION (Kind of work dans	125 KIND OF BUSINESS OR
		. 1	LQ	ALESTOW Y	give treet address SEAFORD, DFC during most of	warking i to even if retired)	INDUSTRY
	equires that the death certificate be executed vehician. Signed by the attending physician and certified burial-transit permit. Then please remove control, crematian, ar remaval, and in an event.	p. pri	13a.	USUAL RESIDENCE (Where decease	d lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	~
	e executive remove remove remove	17	_	CHENT PURINT	DORCHESTER WATESTONIII	RFD3 SEA	PORD, DEL
	an a	1	147	ATHER S NAME First	Middle Last 15 MOTHER'S MAIDEN NAME First	Middle	Lost
	b pour din din	1	H	RTHURNE	SKRIDGE FLORENCE	MHEATL	FY
	icate be sician c please il, and ir		16a. Y	WAS DECEASED EVER IN U.S. ARM SEA PO, or unknown) (If yes give w		Address	LESTOWN
	phy en ava				Bar-10-9514 HAROLDF. ESKRII	DUL, KHUS DE	AFORD HELL
	attending permit. The			18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	one cause per line far (a), (b) and (c).)		APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
	attendii permit.				E CAUSE (0) Caramoma Lung		124-0
	he c			/ 8 8 7	DUE TO, OR AS A CONSEQUENCE OF	11.	
	at to the mai			Conditions, if any, which gave a rise to immediate cause (a),	(6)	odder	Myka
	tra			stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		
	equires that the physician. signed by the burial-transit purial strematics.			,	(c)	ACT COURT IN CARE M.	
	requestion signatures of the properties of the p			PART Z. UTHER SIGNIFICANT CON	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	IUN GIVEN IN PAKT I(d)	
	e faw ratending as been as the priar ta		NON	19a, DATE OF OPERATION 19b (ONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	SIDEDED IN CEDTLEVING
	2 in	7	CERTIFICATION	TAL DATE OF OTERATION	YES NO THE	CAUSES OF DEATH?	SIDERED IN CERTIFIED
	or att te ha use use afth	or	CERT	210 ACCIDENT WAS UNDERLYIN		to of injury in Part 1 or Part 2 Iter	n 191
	ifical call far far far		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	5 of mps, 11 1 dit (51 1 dit 2, 110)	. 10.,
	PHYSICIAN e haspital e his certificat stacked far Dept. af		MED	(If either, natify medical examin 21d INJURY OCCURRED 21e.	TACE OF INITIRY AT HOME, FARM, STREET, FACTORY, 1 215 LOCATION Street or R.E.D. No.	City or Town	Caunty State
				While Nat while at wark	OFFICE BUILDING, ETC.		
	ined by the DR: After 1 oold be do the State			22a cartify that(1) Ithi	haspital) attended the deceased fram 19 66.	to Cerry 19 6	that((I))(we) last
	ND Sed by African Afri			saw the deceased at	ve on Salar 19 (a.C. and that in (my) (aur) aninian	death accurred an the date	and haur and fram the
	TTE din E			causes stated abave	(I) (we) (did) (did not) view the body after death.		
	OR ATTEN be retained DIRECTOR: / le 3 should ed with the			22D SIGNATURE	South of the phys of the phys	- CT. STAFF CT.	TE SIGNED
	y be ge ge filec			22d. PHYSICIAN S O	DIRECTOR DESCRIPTION OF THE PHYS LADDRESS	OR LJ PHYS. LJ ,	8-20-67
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After ti director, page 3 should be de shauld be filed with the State	1		NAME (Type) To An	T. Burke loup m. D. Pine. Blu.	44 Pd. 501	15 hurung
	HOS Be 4 UNI ecto	1	23a	BURIAL, CREMATION, 235, C	TE 23c, NAME OF CEMETERY OR CREMATORY 23d	LOCATION (City of Town)	(Caunty) (State)
	Page TO FUN			ARCMOVALISPECIFY) 8	19/1968 FIREMEN'S S	HARPTOWIY	MD
	VR A35 (4	lh.	24.7	FUNERAL DIRECTOR	ADDRESS 250. RECD BY REG		SNATURE
	30M REV. I	10	11	EWNAM FUNEX	PACHOME, SHARPIDMY, ILD DATE AUG Z	23 1968 Action	les moles



MARYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF VITAL BECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20. DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR Pages 1 and 2 Jurs after death. executed within 24 hours after death Month (Type or print) Day Year the funeral VIOLA GIVANS 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNCER I YEAR IF UNDER 24 MRS. 3. SEX lost birthday) MONTHS DAYS HOURS 12-03-87 FEMALE WHITE 7o, BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED LISA DORCHESTER MARYLAND campletely fiffed 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) in any event, with HOUSEWIFE EASTERN SHORE STATE HOSP. CAMBRIDGE 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY admission) STATE NO 15. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Address Sarisbury, Ma.
Address Sarisbury, Ma.
Pan City Rd.
PAN MANE MIERVA.

AND MANE MIERVA. SIDNEY JOHES and 17 INFORMANT (HUSBand) cerymonte 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOC AL SECURITY NO. Mr. Herman Giváns, 192 ocean Records of the Eastern Shore Yes, no or unknown) cremation, ar removal, 1B. CAUSE OF DEATH (Enter only one cause per line for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) has been 3 should be detached for use as the with the State Dept. of Health prior to CERTIFICATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES [NO | this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM [AT HOME, FARM, STREET, FACTORY,] 21F. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work After 22a. I **certify** that (I) (this haspital) attended the deceased from saw the deceased alive an 19..., and that causes stated abave, (I) (we) (dd) (did dat) view the bady after death. __, and that in (my) (aur) apinian death accorred an the date and havr and from the O FUNERAL DIRECTOR: DATE SIGNE 22b. SIGNATURE ATTENDING director, page 3 should be filed v DEGREE PHYS DIRECTOR 22e. ADDRESS 22d, PHYSICIAN'S EASTERN SHORE STATE HOSPITAL NAME (Type) 23d LOCATION (City of Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Salisbury, Wicomico, Maryland REMOVAL (Specify) August 23,1968 Parsons Cemetery Burial 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] HOLLOWAY & COMPANY, SALISBURY, MARYLAND 196B 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



/	1	MARYLAND STATE DEPARTMENT OF HEALTH	
A CONTRACTOR OF THE PARTY OF TH		11445 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11153
FOR STATE		I tems 14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	_ 3 _ 0 0
HEALTH DEPT.			Day Year 2b HOUR
3.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L.,	AVULGERT COPER PLARPER DEATH MATED T	1 1968 87 M
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A 27 0 1 6	7a.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED BEVER MARRIED 9 COUNTY OF DEATH	19694 18 PM
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be executed within 24 haurs "pending" in pencil in Item 11 nief Medical Examiner's Office. Assirpering File pages 1 and 2 visit pering 72 hours after devant		John Damets A. Larper Middle Lost IS MOTHERS MAIDEN NAME First Middle Middle	Napper
thin 24 molt in miner's pages thours	160	WAS DECEASED EVER IN L. S. ARMED FORCES? HOD SOCIAL SECURIZIOND. 17, INFORMANT INC. OF ROCALL'S ADDRESS	A STATE K
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ed v all Ex		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
E SE CE		PART : DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Jermin One	1 week
be exec		DUE TO, OR AS A CONSEQUENCE OF	11.
a - i i i i		conditions, if only, which gove nse to immediate couse (a). (b)	y weeks
shauld I ne ward 'a the Ch burial-trd		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1
she v a th in		(t)	
frate ing th ded 1 os a and	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certii arwar arwar mova	CERTIFICATION	190. DATE OF OPERATION 196. COND TON FOR WHICH OPERATION	20 AUTOPSY?
his ante, se fai	TIFE	WAS PERFORMED?	YES NO NO
MINER: This in the certificate, 4 shauld be farrifles. e 3 shauld be urrifles.		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONFRIBUTING HOUR AM 1 1 Part 2, Item	n 18)
INER e cer shaul files. 3 sha atian	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No City or Town	Caunty State
XAM tre the ge 4 yaur yaur cren		WHILE AT WORK	12-0 Mid.
NL Execution Property of the Friell, right,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, inspection 🔀 Inquiry 🔲,	and in my apinion
bicat Record director. Posterined for DIRECTOR:		death resulted from. Natural causes 🔲 , Accident 🔀 Suicide 🔲 , Homicide 🔲 , Undetermined manner [
please e directal retained DIRECT		CHIEF MEDICAL EXAMINER	
JTY ny, ple eral di be reti be reti priar		ACTUAL SIGNATURE	GNED
necessary, please ex the funeral director. 5 may be retained f 10 FUNERAL DIRECTO Health prior to bur		EXAMINERS NAME (Type) DEPUTY MEDICAL EXAM. NER ADDRESS(Street, city, town, or county)	12/68
the the Hee	230		(County) (State)
	£ 24.4	FUNERA/DIRE/FOR / 1/1 / APORESS / 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SI	CNATURE MA
VR A15ME (5) 10M REV 1/68	X	the It illoughby Cast New Market DATE AUG 8: 1968 Cole	Mes Contract
Di	7		0



FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH 14 Bivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	PLACE OF DEATH a. COUNTY DOTCH CS TO MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution; b. COUNTY DOTCH CS TO MARYLAND
cessary te funera te tanting to deth	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Several yrs. Cambridge
delay and I to	d. NAME OF HOSPITAL OR (NSTITUTION (If not in hospital, give street eddress) Cambridge Hotel High St. NAME OF First, Middle, Lest 14. DATE Month Day Year
1, 2, 1, PM:	DECEASED (Type or print) CITY OS WES OF HASTINGS DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARBIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
ent it be	WIDOWED DIVORCED 4/28/1908 (ast birthday) Months Days Hours Min USUAL OCCUPATION (Give kind of work done on the business or ling most of working life, even if retired) DIVORCED X 4/28/1908 (ast birthday) Months Days Hours Min DIVORCED X 4/28/1908 (ast birthday) Months Days Min DIVORCED X 4/28/1908 (ast birthday)
thours after length of the short with the short was the same of the short was the same of	FATHER'S NAME (1) AT CS HASTINGS DATE MOTHER'S MAIDEN NAME (1) AT CS HASTINGS DATE MOTHER'S MAIDEN NAME
within 24 h pencil in the miner's Office permit.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Liner Hastings Huv bell me
uted with the bend with the bend with the benderal bender	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary occlusion Instant
certificate should be executed within 24 ting the word "pending" in pencil in It led to the Chief Medical Examiner's Office to the used as a burlal-transit permit. It is not to burlal, cremation, or removal, a	Conditions, if any, which gave rise to immediate cause (e), steting the DUE TO
certificate should fing the word " led to the Chief N d be used as a bu prior to burial, cre	underlying cause last. (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
	20a. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) CAUSE OF DEATH.
65 65 95 CO 65	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 4 Hour e.m. 4 While at work 19 at work 19 19 19 19 19 19 19 1
EXAM should files. TOR: Pa	21. certify that took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
Y MEI Execute Page for you AL DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED 8/6/68
DEPUTY ME please executed director. The plant of the plan	NAME (Type) JOHN Mace Jr. M. D. Address (Street, city, town, or county) Cambridge, d. Address (Street, city, town, or county) Cambridge, d. REMOVAL (Specify) 8/8/88 WAShington Hurlock Doy M. J.
VR A15ME (5) 5M 1/65	FUNERAL/DIRECTORY Cost New Market, Heat AUG 8 1968 FUNERAL SIGNATURE AUG 8 1968 FUNERAL SIGNATURE
173	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) **ALONZA** G. HILL Aug. 1968 F JMDER 1 YEAR IF LHOER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years White Male lost bythday) MONTHS DAYS HOURS Oct. 10, 1890 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) Maryland Dorchester USA WIDOWED [7] DIVORCED [77] within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in basnital 12a, USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR Gambridge Md. Hospital during most of working life, even if retired.)
Farmer-Carpenter retired Cambridge 13a USLAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 3d INSIDE CITY LUNITS? 13e STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Dorchester Cambridge YES 🗀 NOTY RFD # 3 remove and in ony 14 FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle H111 Amanda Warfield John attending physician coermit. Then please LeCompte Funeral Service records requires that the death certificate 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ga, or unknown) [(ff yes give war at dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) HOU. 8 BLOOD LOSS SHOCK DUE TO, OR AS A CONSEQUENCE OF 1-2 HOUR Conditions, if any, which gave) DUGDENUM BLEEDING CARCINOMA rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to hos been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES D NO [T] be detached for use State Dept. of Heolth certificote 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark FUNERAL DIRECTOR: After this 220. I certify that (1) (this hospital) attended the deceased from 8-10, 1968, to 8-4, 1968, that (1) (we) lost sow the deceased ative on 8-14, 1968, and that in my (our) apinion death occurred on the date and hour and from the TO HOSPITAL OR ATTENDE Page 4 moy be retained couses stoted obove (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. 8-13-68 director, page 3 should be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Cambridge, Md. 704 Locust Street MAME (Type) James F. McCarter: M.D. 23c NAME OF CEMETERY OR CREMATORY 23b, DATE 23d. LOCATION (Eity ar Tawn) (County) (State) 23a BURTAL CREMATION. REMOVAL (Specify) Aug 13, 1968 Spedden-Seward Cemetery Cambridge, RFD3, Maryland 2 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR AUG 1968 LeCompte Funeral Service, Cambridge, Maryland 15

MARYLAND STATE DEPARTMENT OF HEALTH



/ 1	L	MARYLAND STATE DEPARTMENT OF HEALTH	
END CTATE		11445 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 (56
FOR STATE HEALTH DEPT.	1 0		Dov Yeor 25 HOUR
	1. ((ype or Print)	oy Year 25 HOUR
≥ m 3 m 1	3 5		2d HOUR
ara Ter		The Transfer of Tr	Yeor
ny deloy is 2, and 3 to PM3 Rege	- "	BIRTHPLACE (Stote or foreign 7b. Citizen OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 M
Depod		Tyl Germany U.S. WIDOWED A DIVORCED Dorchester	Md
Poges ith far	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 LSUAL OCCUPATION (Kind of work done 12	26' KIND OF BUSINESS OR
after death 8. Give Pages 1, along with farm with the State De leath	0	ambridge give Cambridge - Md. Hospital uning most of working the even fretired.) IN	NDUSTRY
after 8. Giv along with t		USUAL RES DENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d HSIDE CITY LIM TS? 13e STREET AND NUMBER	
is afte 18. Gi e alon 2 with death	٥	drussion) STATE Id. 136 COUNTY Dorchester Cambridge YES X NO 1 111 E. Applet	oy Ave.
hours Item 1 Iffice affer d	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
7 9 2 2 2	L	Frank Fleischmar Latilda	Keene
hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (96-no, or unknown) (If yas gree wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
m pentili Exon nu File page	,	Earl Toge Somerset Ave. Ca	ambridge I'd
red ol E it. F thm		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
executed ading" in Medical permit.		IMMEDIATE CAUSE (o) COPORTRY OCCUUSION	30 Mins.
ent p		Conditions, if ony, which gove)	
d be d : d Chie rans y ev		rise to immediate cause (a), (b), (c)	
should be executed with new word "pending" in perion the Chief Medical Exemple burial-transit permit. File I in any event within 72		stoting the underlying couse DUE IO, OR AS A CONSEQUENCE OF	
to the bury dring		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
XAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the word "pending" in pentit in them 18. Give Paging 4 should be forwarded to the Chief Medical Examiners of fice along with your files. Your files. Your files about the Chief Medical Examiners of the stands with the Stands should be used as a burial-transit permit. File pages, and 2 with the Stands cremation, or removal and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF AN IT (0)	
certif , writi forwor used o	FICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for for rem	18	WAS PERFORMED?	YES NO 🔼
INER: Th s e certificate should be f files. 3 should be onton, or re	CERT	216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY FOR CONTRIBUTING HOUR A.M.	118)
INER: e certi should files. 3 shou otton,	MEDICAL	CAUSE OF DEATH P.M 19	
he he shall	ME	21d INJURY OCCURRED 2.e PLACE OF INJURY (At home, form, street, walls walls not walls factory, office building, etc.)	County State
t e go de te		AT WORK AT WORK	
ICAL E. executor. Page for CTOR: Furiol,		22a. 1 certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 🛣, Inquiry 🔲,	and in my opinian
End of the Park	1	death resulted from: Natural causes 🕱, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined manner 🗌	_ا
TY DIC. Y, pleose e rol director de retoined (AL DIRECT PRIOR DIRECT PRIOR TO BE		ACTUAL CHIEF MED CAL EXAMINER C	
TY. Perol be re RAL prid		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 200 MATE 3N	
SSOF Fune fune Fune Fune Fune Fune Fune Fune Fune F		EXAMINERS Tollars	
ro DEPUTY necessory, pleose ex the funerol director. 5 may be retained? TO FUNERAL DIRECTOR Health prior to bur	22.0	" Cammi I	dge Md. County) (State)
7	236	REMOVAL (Specify) 8/6/68 Dorchester Mem. Park Cambridge Por	
	24.	FUNDERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 250 REGISTRAR'S SIG	
VR A15ME (5)		Taxiett Romas of Cambridge Ild. DATE AUG 9 1968 Julian	cas Judge
VI			

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M.ddle Lost 20, DATE KNOWNIS (Type or Print) MITCHELL HORWATH W. 168 DEATH MATED 3 SEX 4 RACE 6 AGE (in years F JNOER 1 YEAR S DATE OF BIRTH IF LADER 24 HRS 2c DATE PRONOUNCED DEAD July 4, 1893 Male White Year 75 YRS 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Kansas USA Dorchester WIDOWED [DIVORCED IN with the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR hours after deat INDUSTRY Retired Gambridge Md. Hospital during most of work no life even if retired)
Farmer-Waterman Cambridge Office olong 13d INS DE CITY E M TS? 130. USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13e. STREET AND NUMBER odm ssion) STATEMarvland 13b COUNT Dorchester Cambridge 617 Race Street YES NO ond 2 ofter 14 FATHER'S NAME Middle 3MAN NAGIAM 2'SAHTOM 21 Erst Middle Lost Stettner Michael ? Horwath Marie within 24 hours Æ 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT pepel ADDRESS (Yes, no, or unknown) LeCompte Funeral Service records (If yes a ve war or dates of service) word "pending" in parties the Chief Medical Exe be executed within APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Subdural hemorrhage few mins. event DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Fracture of skull rise to immed ofe couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol . = 4 should be farworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) certificate removol, CERTIFICATION 190 DATE OF OPERATION 19b. COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO cremation, or 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c HOW INLURY OCCURRED (Enter nature of niury in Port 1 or Port 2, Item 18) PRIMARY FX OR CONTRIBUTING Fell in alley. CAUSE OF DEATH 21f LOCATION Street or R.E.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town County Stote foctory office building, etc.) WHILE OF AT WORK AT WORK Dunns Alley Cam bridge. Md. Dor. Co. 220. I certify that I took charge of the remains described above, held on Autopsy 1. Inspection . Inquiry . and in my opinion director. death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3 5 moy TO FUNE Health John Mace Jr. M.D. ADDRESS(Street, city, town or county) Cambridge . Md. 230 BURIAL CREMATION. 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) Sept. 2, 1968 Dorchester Memorial Park Cambridge, Maryland 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D BY REG STRAR LeCompte Funeral Service, Cambridge, Maryland 1968 VR A15ME (5) 10M REV 1/68;

MAKYLAND STATE DEPARTMENT OF HEALTH





3	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1459
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7. 200
EALTH-DEPT.	1 DECEASED NAME First Middle Lost Crype or Print) Tohn Emory Hirrlock, Tr., DEATH MATED 8/2	oy Yeor 2b HOUR 7 19 66 8 P M
M3 M	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD North 10 10 10 10 10 10 10 1	Year 2d HOUR
	75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH TOURTY) PTG1810 TOUR DEATH WIDOWED DIVORCED TOUR DESTREE	Mo
	D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital Camb during most of work done of the property o	TO KIND OF BUSINESS OR DUSTRY
.× i	30. USUAL RES DENCE (Where decessed lived, finishipution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE TYLEND 13b COUNTY C 18 Ster (TYLIMIS?) 13e STREET AND NUMBER	
of of	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle John Emory Hurlock Anna	losi Shenton
ءَ	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyss give war or dates of service) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TES. Aline 7. Thirlock, Can bus	
t within 72	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
ant wi	4 10 9 DUE TO, OR AS A CONSEQUENCE OF	30 Mins.
any event within 72	Conditions, if any, which gave rise to immediate cause (a). Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
5 ⊆	lost (c)	
removal, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY? YES NO TO
	196 CONDITION FOR WHICH OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 211 INJURY OF DEATH 212 PLACE OF WILLEY (At home form street) 214 OVATION Street of R.E.D. No. 19 Chronical Control of Chronical Control of Chronical Chro	
	21d INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, form, street, at work at work at work at work.)	County State
buriai, cremorian,	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
5	CHIEF MEDICAL EXAMINER	
HIA I	SIGNATURE	/68
Health prior to b	NAME (Type) ADDRESS(Street, city town, or county) Cambrid 230 BURIAL REMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d (OCALON (City or Town)) (C	ge, Md.
- f) [REMOVALISPECTY Aug. 30, 1965 71 1 to tt Churchyard Filiott Do Aug. 30, 1965 71 to tt Churchyard Filiott Do ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRARS SIG	r. d.
0	Territh R. Thomas cambridge, Md. DATESEP 5 1968 Johns	a Judge

MAKTLAND STATE DEPAKTMENT OF HEALTH



	1 DI	CEASED-NAME First	Middle	Las	OF DEATH	DATE OF DEATH	2b HOUR
	{T	pe or print) THOM	AS JAMES	JOHNS	OM	AUGUST 4 Day	1968 3:00p
	3 SE		4. RACE		OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		MALE	NEGORID	0	CT. 24, 1888	79 YRS.	MONTHS OATS HOURS MAIL
	7a E	IRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY?	B MARRIED NEV	ER MARRIED 9. CO	UNTY OF DEATH	
	_	MARYLAND	USA	WIDOWED X	DIVORCED	DORCHESTER	M
		CAMBRIDGE	CAMERIDGE	NO. HOSP.	INC. during most of	CUPAT ON (Kind of work done working its, even if retired.)	125. KIND OF BUSINESS OR INDUSTRY
	admi	MARYLAND	d lived, if institution Residence bet 13b COUNTY DORCHESTER	CAMBRID		13e. STREET AND NUMBER 602 EDGEWOOD	AVENUE
	14 F	ATHER'S NAME First	Middle La		ER S MAIDEN NAME First	M ddle	Last
		GEORGE	W. JOHNS		ELLA		JEMES
	16a. Y	WAS DECEASED EVER IN U.S. ARMI es, 1900'r unknown) (1 yes give wo	ED FORCES? If or dates of service) 212-12-5		ICE COLDER	516 PINE STRE	ET 21613
		18. CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED	one cause per line far (a), (b), and	d (ε).)			BETWEEN GNSET AND GEATH
		IMMEDIAT	E CAUSE (a) CEPEDRAL V	ascular acc	ldent		
		4 / A f Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE		diovascular	24	
		rise to immediate cause (a), ((b) AT COT TOSC DUE TO, OR AS A CONSEQUENCE		TTOARSCUTAL	0126926	
		stating the underlying cause last.	DUE TO, OK AS A CONSEQUENCE	10 1			
		The second secon	DITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
	_	4					
2.	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WA		AUTOPSY?	20b. IF YES, WERE FINDINGS COL CAUSES OF DEATH?	NSIDERED IN CERTIFYING
		21a. ACCIDENT WAS UNDERLYING		21c. HOW INJU	JRY OCCURRED (Enter natu	re of injury in Part 1 or Part 2, Its	em 18)
	ਤੋਂ	OR CONTRIBUTING CAUSE OF CEATH	er) P.M.	19			
	٥			TE ENTROPY 1 AND LOCATION	Street or P.F.D. No.	City or Tawn	County State
	MEDICAL	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC			<u> </u>	
	MEDi	21d. INJURY OCCURRED 21e. While Nat while				. to Aug. 4, , 19_	68_, that (I) (we) id
	MEDI	21d. INJURY OCCURRED 21e. While Nat while				to Aug. 4, 19_death occurred on the dat	68_, that (I) (we) loe and hour and from t
	MEDI	21d. INJURY OCCURRED 21e. While Nat while	s hospital) attended the declive on Aug.	eosed from APTI 19_68, ond that the body ofter death.	in (my) (our) opinion	1 22c 0	68_, that (I) (we) is e and hour and from the
	MEDI	21d. INJURY OCCURRED While \int \text{Nat while} \int \text{at wark} 22o. certify that (I) (this sow the deceased of couses stated above		eosed from APP1		STAFF - 22c D	68_, that (I) (we) la e and hour and from th ATE SIGNED S. 5, 1968
7	MEDI	21d. INJURY OCCURRED While \to Not while \to ot wark 22o. I certify that (I) (this sow the deceased of couses stated above) 22b. SIGNATURE 22d. PHYSICIAN S	s hospital) attended the declared in the decla	teosed from APT1 19_68, ond that the body ofter death.	in (my) (our) opinion TTENDING MED. HYS DIRECT	OR STAFF Aug	ATE SIGNED 1968
1		21d. INJURY OCCURRED While at wark 22o. I certify that (I) (this sow the deceased of couses stated above 22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) Tender 21e. While at wark 22e. W	s hospitol) ottended the declared on Aug. (i) (whi did) (author) view I) FASSETT, M.D.	ceosed from APT1 19_68, ond that the body ofter death.	in (my) (our) opinion TTENDING MED. HYS 2e. ADDRESS 23 HTGH STR	EET, CAMBRIDGE,	MARYLAND
1		21d. INJURY OCCURRED While at wark 22o. I certify that (I) (this sow the deceosed of couses stated above 22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) BURIA. CREMATION. 23b. C	s hospitol) ottended the declive on Aug. (I) (wa) (aid) (augliot) view IN FASSETT, M.D. ATE 23c. NAME	teosed from APT1 19_68, ond that the body ofter death. DEGREE P 22 E OF CEMETERY OR CREMA	in (my) (our) opinion TTENDING MED. HYS 2e. ADDRESS 23 HTGH STR	EET, CAMBRIDGE,	MARYLAND (County) (State)
	23a.	21d. INJURY OCCURRED While I had while at wark at wark 22o. I certify that (I) (this sow the deceosed of couses stated above 22b SIGNATURE 22d. PHYSICIAN S NAME (Type) BURIA., CREMATION, 23b. C	s hospitol) ottended the declive on Aug. (I) (we) (aid) (augliot) yiew IN FASSETT, M.D. ATE 23c. NAMI	ceosed from APT1 19_68, ond that the body ofter death.	in (my) (our) opinion TTENDING MED. HYS 2e. ADDRESS 23 HTGH STR	EET, CAMBRIDGE, LOCATION (City or Town) CAMBRIDGE	MARYLAND (County) (State) DOR. MD.



Ιt	TILE DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	: 6 i					
	(Vipe or Print)	Day Year 2b HOUR					
3 5	TVILSON TOTAL JONES DEATH MATED 0 EX 4 RACE S DATE OF BIRTH 6. AGE (in years let under 1 years F under 24 HPS 2c DATE PRONOUNCED DEAD	30 19 68 M 2d. HOUR Year 19 68 5 P M					
	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED (9. COUNTY OF DEATH						
	anowed moveed notices et.	Md. 2b. KIND OF BUSINESS OR					
	In ate give street oddress) give street oddress during most of working life, even if retired.)	NDUSTRY					
0	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSDE CITY . MITS? 13e STREET AND NUMBER dams on STATE 13b COUNTY YES NO I RUNNING TO THE TOTAL LAND . THE STATE TO THE ST						
	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Tidward Tames Jones Lary Traline	i tahiich					
	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, drighknown) (If yes g ve wor or defees of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (*** ここのでき、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは						
	IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) PART DEATH WAS CAUSED BY: Coronary occlusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (a) OUT OTTAL 9 OUT LEB TOTT	Instant					
	Canditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF						
	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF						
	(4)						
_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR COND F ON G VEN IN PART 1(a)						
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YESKEN NO					
MEDICAL CE							
ME	21d -NIJJRY OCCURRED WHILE AT WORK AT WORK 216. PLACE OF INJURY (At home, form, street, at work at work at work at work 216. PLACE OF INJURY (At home, form, street, at work 216. PLACE OF INJURY) (At home, form,	County State					
	220 certify that I took charge of the remains described above, held an Autopsy 🔣, Inspection 🔣, Inquiry 📋,	and in my opinion					
	death resulted from. Natural causes XX Accident [], Su'cide [], Homicide [], Undetermined monner [
	ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SI	GNED					
	DEPLTY MEDICAL EXAMINER (X)	/31/68					
	SIGNATURE - CONTINUE -	/31/68					
	EXAMINER: NAME (Type) BURIAL CHMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (City or Town)	County) (State)					

MAKYLANU STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



. 1				ND STATE DEPARTM				
		11455	DIVISION OF VITAL RECORDS			, MARYLAND 21201	1146.3	}
L				CERTIFICATE OF				
		CEASED-NAME First	Middle	lost .	20. D	ATE OF DEATH Month Do	ly Yeor	25. HOUR
L		UR	thuk	Madd	12	8		3 PM
3	S SE	100 ():	4 RACE	S. DATE OF BI	RTH	6 AGE (In years lost birthday)		UNDER 24 HRS.
L	_	10 Jale	Negro	01-	19-88	S O YRS		
	70 B EOUN	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		NTY OF DEATH		
L		Md.	4.59.	- Joseph	RCED 🗆 🛮 🕹 🚨	Dechester	5	Md
4	R	TY OR TOWN OF DEATH	give street oddress)	INSTITUTION (If not in hospital	120. USUAL OCCUI during most of w	PATION (Kind of work done orking life, even if retired.)	12b KIND OF BUS INDUSTRY	INESS OR
i	30. Idmi:	JSUAL RESIDENCE (Where decen- sion) STATE	sed lived, if institution: Residence before	13c CITY OR TOWN	3d INSIDE GTY LIMITS? YES NO	13e. STREET AND NUMBER		
Ī	14. F.	ATHER'S NAME Flyst ,	Middle Lost	is. Mother 5 MA	AIDEN NAME First	Middle		Lost
		Koloek	st Mad	day	Ma	Ragget 1	Madda.	2/
Г		WAS DECEASED EVER IN U.S. ARI	unt or dotor of consul	2 2 2	ned. Re	CORDS , Address	1 .	
-	10	NO	UNKNOU	UN Eggler	N STORE	State A	105 pita	
		 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE 	nly one couse per line for (a), (b) and (A	APPROXIMATE BETWEEN ONSET	AND DEATH
1		PAKI I. DEATH WAS CAUSE . IMMEDI	ATE CAUSE (0) CEREBRAL	LVASCULAR	2 ACCII	DENT	1 d	9 y
-1		797	- DUE TO, OR AS A CONSEQUENCE O	OF .				,
- 1		Conditions, if any, which gove use to immed ate cause (a),	(0) 77 7 44 7 7 6		GENERALL	. AND CEREBR	BL	
		stoting the underlying couse	DUE TO, OR AS A CONSEQUÊNCE O	OF .				
П		ost	(t)					
1	Ц	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE ORCONDITIO	N GIVEN IN PART 1(0)		
П	N N	19g DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTO	DCV9	20b. IF YES, WERE FINDINGS	CONCIDEDED IN CERTI	EVINC
	CERTIFICATION	THE DATE OF OTERATION 170.	COMPRISITOR WHICH OF CRAHON WAS	YES T		CAUSES OF DEATH?	CONSIDERED IN CERTIF	7 490
	CERT	210 ACCIDENT WAS UNDERLYII	NG 215. TIME OF INJURY			of injury in Port 1 or Port 2	Item 181	
L	ਤੋ	OR CONTRIBUTING CAUSE OF OEA	TH HOUR A.M. Month Doy Ye	or	femal mine	or allow at the control of	11.2111 10.1	
	MED	If either, notify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 FACTORY, \ 215 LOCATION Street	et or RED. No	City or Town	County	State
	- 1		OFFICE BUILDING, ETC.	21, LOCATION SHEE	or to the true	ony or town	County	31010
	ŀ	N MALK OL MOLK	ns hasnital) attended the decor	1sed from 4-/8-	19 68	to 8-3- 1	7 68 that (1)	Lwel lost
1		saw the deceased a	nis haspital) attended the deced	_1968 , and that in (m	y) (مینه) opinion d	eath occurred on the d	ote and hour and	d from the
1		causes stated abov	e, (I) (we) (did) (did not) view th	e bady after death.				
		22b. SIGNATURE	110 1.	ATTENDIN	NG MED.	STAFF ST	. DATE SIGNED	4/
1		magnet 4. a	6/a Guardia	DEGREE PHYS		□ STAFF ⊠ PHYS. ⊠	3/2/68	3
		22d. PHYSIPANS NAME (Type)	de la CUARDIA	22e. ADD	=-5.5. H		, ,	
1	230			OF CEMETERY OR EDEMATORY		LOCATION (City or Town)	(County) ((Stote)
ľ	230 -		8/6/68	Milom		airmount, Ma		210(6)
	_	UNERAL PIRECTOR	ADDRE	35/	250. REC'D BY REGIS	TRAR 256: REGISTRAR	'S SIGNATURE	
	13	alletin 18	June 17/1	well all This	DATE AND	1068 KCC	orley you	gr.
0 5								

PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CEI 19a DATE OF OPERATION 21b TIME OF INJURY HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, TARK, STREET, FACTORY) 21f LOCATION Street or R.F.D. Na Cty or Tawn Caunty While at work of work of the work of work of the part	4
CHARLES ARACE S. DATE OF BIRTH S. DATE OF B	
S SEX HALES WESLEY OPHER JANUARY 1 1901 6. AGE (In years least by thindry) TO BIRTHPLACE (State or foreign country) TO BIRTHPLACE (State or foreign least by thindry) TO CITY OR TOWN OF DEATH JISA JANUARY 1 1901 10 CITY OR TOWN OF DEATH JISA JISA JANUARY 1 1901 10 CITY OR TOWN OF DEATH JISA JANUARY 1 1901 TO AMBRIDGE CAMBRIDGE CAMBRIDGE JORCHESTER JORCHEST	2b. HOUR
MALE NIGROTO JANUARY 1 900 6ht 9Rs MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NORCHESTER OCCUMPN WIDOWED DIVORCED USUAL OCCUPATION (R.m. of work done work do	2:25p
MALES NECROTIO JANUARY 1 1901 61 YRS NECROTIO ARRITOLO TO BIRTHPHACE (Stote or foreign Country) 7. B. MARRIED NEVER MAR	IF UNDFR 24 HRS. HOURS MIN
TISA WIDOWED DIVORCED DIV	HIGGES INTO
MARYTAND ISA WIDOWED DIVORCH DIVORCHESTER 10 CITY OR TOWN OF DEATH CAMBRIDGE IS CITY OR TOWN 13d BEGGE CITY JUNISP 13d STREET AND NUMBER CAMBRIDGE VES D NO 9 STREET AND ON 19 STREET AND ON 19 STREET AND ON 19 STREET TO THE STRE	
CAMBRIDGE VES NO CONCEPTION 138 DECERT AND NUMBER 921 PINE STREET Address PRET Address CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE VES NO CONCEPTION 108 DECENT AND NUMBER 921 PINE STREET Middle CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE CAMBRIDGE VES NO CONCEPTION No COMBRIDGE CAMBRIDGE VES NO COMBRIDGE No COMBRIDGE CAMBRIDGE VES NO COMBRIDGE No COMBRIDGE CAMBRIDGE VES NO COMBRIDGE No COMBRIDGE CAMBRIDGE NO CAMBRIDGE NO CAMBRIDGE C	M
130 USUAL RESIDENCE (Where deceased leved, if institution Residence before addression) 130 CHESTER 130 CHEST	USINESS OR
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission to the process of the proc	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) I DE CONDITION S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OR CONTRIBUTING CONSIDERED IN CENTRE OR CANTER SING CONSIDERED IN CENTRE OR CANTER SING CONSTRIBUTING CONSIDERED IN CENTRE OR CANTER SING CONSTRIBUTING CONSIDERED IN CENTRE OR CANTER SING CONSTRIBUTING CONSIDERED IN CENTRE OR CANTER SING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	
ANDREW OPHER SOPHIA CAM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO 16b. SOCIAL SECURITY NO 211-07-891:9 ELIA OPHER 921 HTGH ST. CAMB. M APPROX.M SETWEEN ON PART 1 DEATH WAS CAUSE OF DEATH (Enter only one cause per Line for (p), (b), and (c).) Urenia 18. CAUSE OF DEATH (Enter only one cause per Line for (p), (b), and (c).) Urenia 19. Conditions, if any, which gave tis to a immediate cause (a), stating the underlying cause lost (b) DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension Arteriosclerotic CVRD (c) 190 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 196 DATE OF OPERATION 197 DATE OF OPERATION 198 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OPERATIO	
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Test Death (Enter only one cause per Line for (p), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per Line for (p), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per Line for (p), (b), and (c).) 19. PART DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) 19. Canditions, if any, which gave inse to immediate cause (a), stating the underlying cause (c), sta	ER
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22a. I certify that (I) (this hospital) extended the deceased from Dec. 2b., 19 6b. to Aug. 7., 19 68, that saw the deceased give on August 7, 1968, and that in (my) (our) opinion death occurred on the date and hour control of the date and the date and hour control of the date	nd from th
causes safed abaye, (We) (st. 1000 nat) view the body after death.	
726 SIGNATURE 22c, DATE SIGNED AUG. 9	168
DEQUEE PHILD TO DIRECTOR TO PHILD	
22d PHYS.CLARS NAME (Type) . EDWIN FASSETT, M.D. 22e ADDRESS HIGH STREET, CAMBRIDGE, MARY	AND
23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
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24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGIST	2.
Filmiel C. Stail CAMBRIDGE, MD. DAAUG 16 1968 Current	_

MAKILAND STATE DEPARTMENT OF HEALTH



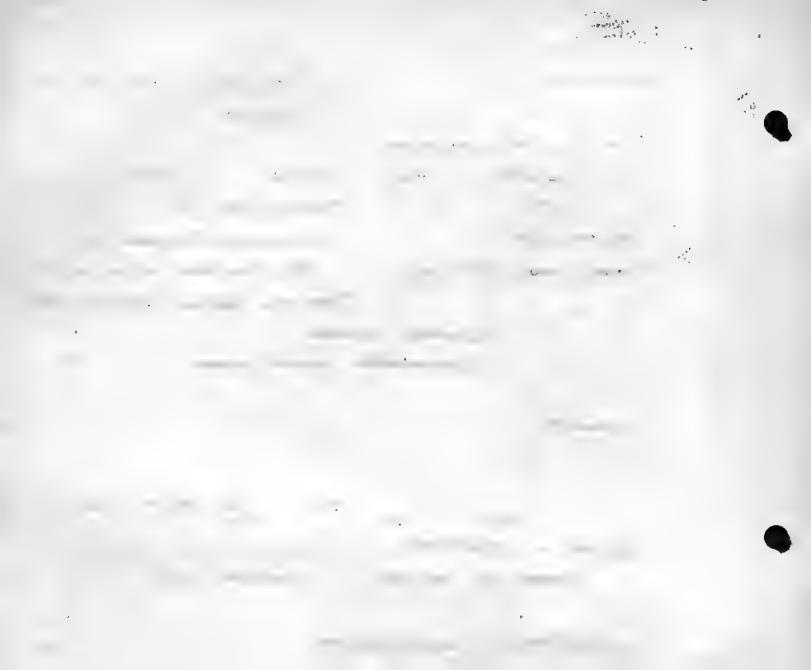
MARYLAND STATE DEPARTMENT OF HEALTH



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SPITAL OR ATTENDING PHYSICIAN: 4 may be retained by the hospital or IERAL DIRECTOR: After this certificate or, page 3 should be defacted far util be filed with the State Dept of Heal		NAME (Type)	(1) A 1	EUOG	5 El	SVEROU S	SHORE STA	FE HOSVIRAL.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be defached for use as the burial-transit permit. Then phase shauld be filed with the State Dept at Health prior to burial, crematian, ar remayal, a	220	BUR AL, (REMATION, 23b	. DATE	237 NAME OF	CEMETERY OR CREMATORY	236 1	OCATION (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11459 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY a. STATE **MARYLAND** DOYC CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b carbon papers. Pag ent, within 72 hours Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address; e. IS RESIDENCE ON A FARM? NO YES executed within completely NAME OF Middle Last 4. DATE Month DECEASED event, (Type or print) DEATH 19 SEX AGE (M years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours, Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED any WIDOWED F DIVORCED ያ ሬ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY A1. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) SA 3.00 that the death certificate FATHER'S NAME attending ermit. Ther 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) cremation, ه کک INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, If lany, which gave rise to immediate **DUE TO** (a), stating the underlying cause last. / 88 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO X YES T 20a. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) tached f 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1967 to 8-15 1968 that (I) (we) last o 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: Jage 3 should lied with the saw the deceased alive on 8 - 12 1968, and that death occurred at A.M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. page ATTENDING 8-15-68 DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S TO FUNERAL director, p FUNERAL NAME (Type) CAMBRIDGE. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Dorchester Lemorial Hark Cambridge. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FANERAL DIRECTOR VR A15 (4) 20M 1/65



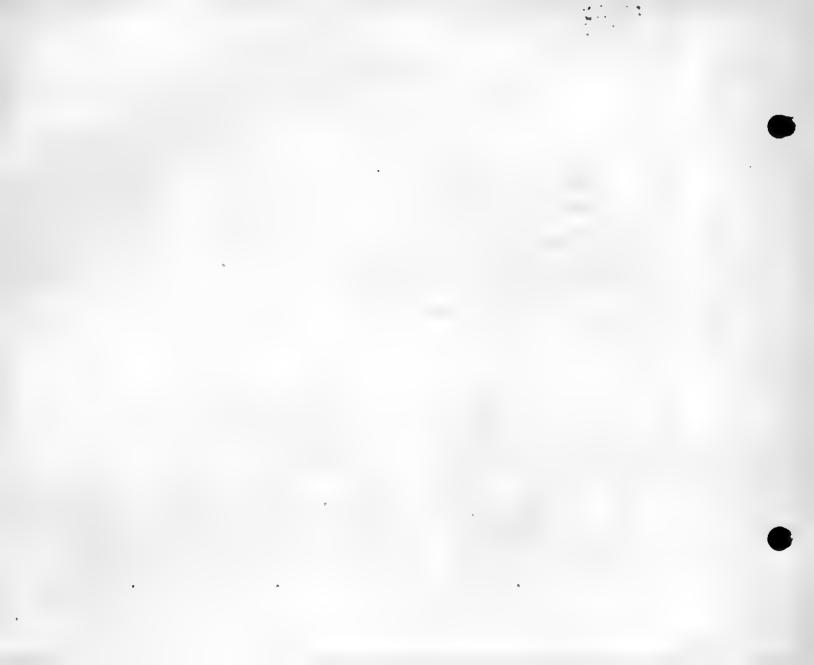
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	2 5	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT DN A FARM VES X NO.
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	Sta at a sta	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work
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	ay be r ay be r L DIREC page 3 filed w		22a. SIGNATURE Ruliand M.D. PHYS. MED. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
	TO HOSPITAL OR ATTER Page 4 may be retain TO FUNERAL DIRECTOR director, page 3 should be filed with the	23	NAME (TYPE) RICHARD G. BILODEAU CAMBRIDGE, ML. BURIAL PREMATION 23b DATE THEREOF 123c. NAME OF CEMETERY OF CREMATORY 1,23d. LOCATION (City, town or county) (State)
	TO TO I	1/2	REMOVAL (Specify) August 8 1968 (NESTERFIELD (EMETER) (ENTREM (E QUEEN MOES MO FUNERAL/DIRECTOR 258. REGISTRAR) 258. REGISTRAR'S SIGNATURE
	VR #15 (4) 20M 1/65		Amerika Barton Bros Centrevelle, Mel 194169 1968 peliantes Judge

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	11462	DIVISION C		, 301 W. PRESTON STR CERTIFICATE OF I		E, MARYLAND 21201	1 m 1 . ()
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		NDERLYING 216 TIME	OF MUJRY M. Manth Day Yea	21c HOW INJURY OCC	URRED (Enter notur	e of injury in Part 1 or Part 2,	Item (8)	
	OR CONTRIBUTING CAN	al examiner) P.J	W.	19				
		21e PŁACE OF INJUR	Y (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town	County	Stote
	While Not while of wark	J		l Name	10767			
	22a. I certify that	(I) (this haspital) a	ittended the deceas	sed fram Dec.	19 <u>67</u> ,	ta <u>8-26-68</u> , 19 death accurred an the d	, that (I)	(we) last
	cquises stated	a abave (H) (we) (de	d) (did nat) view the	bady after death.	() (ani) ahiman	asam accouse a an the a	are and nadi and	right the
	22b. SIGNATURE	Deils	4 0		C MED	22c	DATE SIGNED	
	all tu	11) / Lu	uter of	DEGREE PHYS.		R PHYS D 8	3-28-68	
	22d. PHYSIC AN'S	lbert E. Bu	okon M D	22e ADDI	RESS A (Jamiland Jan. M.S.	27 (7.2	
	AMME (TABA) E					Cambridge, Nd.		
2	3a BURIAL, (REMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23 d.	LOCATION (CAY OF TOWN)	(County) (S	tote)
	REMOVAL (Specify)	Aug. 29.	I PE	ел дауг. Сэг	e sery (LOCATION (Cay or Town) BY TPi 1,0 10. ISTRAR 25b. REGISTRAR	COMMINDS	* 17.
٥	24 FUNERAL DIRECTOR	11. 1	AJURES	Md. 21613	DASEP 5	1968 255 Clien	SIGNATURE	
L	11 sunder	Mordon	valuo T. T. C. B. A.	CTOTO . DIT	DARCE		00	

MAKTLAND STATE DEPAKTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1146% CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR_ executed within 24 hours ofter death. erdeath and funerol (Type or print) MCCLELEAD JA MES WEBSTER 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER . YEAR IF UNDER 24 HRS. lost buthday) He HOURS MALE WHITE 02 - 01 - 867o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) .= ouriat-tronsit permit. Then pleose remove carbon papers burial, cremation, or removal, and in any event, within 72 H MARYLAND USA DORCHESTER DIVORCED [WIDOWED filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during post of working life, even if retired.) INDUSTRY STATE HOSP. CAMBRIDGE Completely 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 38 INSIDE CITY JIMITS? 126. COUNTY YES 🗌 NO 🖳 MARYLAND SOMERSET CRISFIELD 14 FATHER'S NAME First M ddle Lost 15. MOTHER'S MAIDEN NAME First Middle pe ALFRED WEBSTER CHARLOTTE DIZE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ottending phy-RECORDS OF THE EASTERN SHORE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retoined by the hospitol or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use os the b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 1 NO [certificate 21c. HOW INJURY OCCURRED 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year O FUNERAL DIRECTOR: After this certifit director, page 3 should be detached f should be filed with the State Dept. of I (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21a. PLACE OF INJURY City or Town County Stole While Not while of work 22a I certify that (1) (this haspital) attended the deceased from 07-12-, 19.68, ta 08-23-, 19.68, that (1) (we) lost saw the deceased alive on 08-23-, 19.68, and that in (my) (our) apinion death occurred an the date and hour and from the causes stoted above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) OF CEMETERY OR CREMATORY (Stote) BURJAL, CREMATION REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1768 SATE AUG



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ž.
HEALTH DEPT.	DECEASED-NAME First Middle CLARENCE O. WILCOX O. DEATH MATED Aug 26	or 26 HOUI
2, and 3 ta PM3. Page	3 SEX A RACE S DATE OF BIRTH June 13, 1879 6 AGE [in years of DAYS of	2d HOU
- 5/ 6	70 BIRTHPLACE (Stote or foreign 76 CT ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Output Divorced Dorchester	A
after death 8. Give Pages along with fa	RFD 3, Cambridge Give street oddress Neck, RFD 3 during most of warking life, even if retired INDUSTRY Seaf	F BUSINESS OR
S S S S S S S S S S S S S S S S S S S	odmission) STATE Maryland 13b COUNT Dorchester Cambridge 13c WEST NOT 13d INSIDE CITY CHITS? 13e. STREET AND NUMBER Casons Neck, RFD 3	
24 haurs in Item 18 office as land 2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Stephen O. Wilcex Mary ? Armo	old
I w thin 24 Examiner's Examiner's File pages	16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. 10, or unknown) (Hyas give word dates of service) 16b SOCIAL SECURITY NO. 214-34-8433A LeCompte Funeral Service records	
	18. LAUSE OF DEATH [Enter only one couse per fine for (d), (b), and (c).) BADY I DEATH MAKE CARECT DY.	XIMATE INTERVAL I ONSET AND GEATH
shauld be executed wte word "pending" in period the Chief Medical Examural-transit permit File in any event within 72	//, MMEDIATE CAUSE (a) Coronary occlusion 20	Mins.
e ey peni ef M ef M sit p	DUE TO, OR AS A CONSEQUENCE OF Candithons, if any, which gove	
shauld be e ne word "per ta the Chief i burral-transit f in any ever	rise to immediate cause (a), (b)	
word word the Ch ornal-tra	lost (c)	
ertificate st writing the rwarded ta sed as a bu naval, and ir	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rfica rting rrdec rrdec arl, a	N TO THE CONTRACT OF THE CONTR	
This certificate shauld be executed ficate, writing the word "pending" be farwarded to the Chief Medical id be used as a burial-transit permit ar removal, and in any event within	190. DATE OF GPERALON 190 CONDITION FOR WHICH GPERALON 20 AU	TOPSY?
# + 2 °	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21d INJURY OCCURRED (21e P. ACF OF INJURY) (At home form street. 21f LOCAT ON Street or R.F.D. No. City or Town. County	4
= 0 3 ± co 0	21d NJJRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, while at work a	Stote
JICAL EXAM blease execute the director Page 4 etained for your DIRECTOR: Page or to burial, crem		in my apinia
crar crar crar crar crar crar crar crar	death resulted from Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
dire dire	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STANDARD	
TY, Ferd be read be read price	SIGNATUREMD. ASSISTANT MEDICAL EXAMINER	
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health prid	(CAADMER)	Md.
TO DEPU necessa the fun 5 may 1 70 FUNEI Health	23a BUR AL FREMAT ON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
·	Burial Aug 29, 1968 Spedden-Seward Cemetery RFD 3, Cambridge, Mai	ryland
graft.	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR 5 5 GMATURE	edak.
VR A15ME (5)	LeCompte Funeral Service, Cambridge, Maryland DATE AUG 3 0 1968	0

MARYLAND STATE DEPARTMENT OF HEALTH



50.0				STATE DEI						
	11467	DIVISION OF					RE, MARYLAND 21	201		7 5
				ERTIFICAT						
	DECEASED NAME (Type or print)	First	M ddle		Last		a. DATE OF DEATH Month	← Day	- Xeer-	26. HOUR
		Ga 1e	Wade	Wi1	V	dr	August	24°	1958	10 M
3. :	SEX	4. RACE			ATE OF BIRT		6 AGE (In ye	2411.2	UNDER 1 YEAR	HOURS M.N.
	Ma le	Whit				t 19,19	108	YRS.	9	44
	BIRTHPLACE (State or foreign		AT COUNTRY?	8. MARRIED N		CINE.	OUNTY OF DEATH			
_	Maryland	U.S.A.		WIDOWED _	DIVORCE	Vaccord 5	Dorcheste		-01 1000	Md.
10	CITY OR TOWN OF DEATH	il NA grva.s	ME OF HOSPITAL OR INST	OFBITON (IT not in I	naspitai	during most of	CCUPAT ON (Kind of world of working life, even if re	tired.)	12b KIND OF B INDUSTRY	USINESS OR
12.	Cambridge USJAL RESIDENCE (Where of			isc CITY OR TOW		d. NSIDE CITY LIMITS?				
odr	nissian) STATE	135 COUNTY	un. Kesiderka dardre		١.	ES 🖳 NO 🗀			a+	
14	Maryland FATHER S NAME First	Muddle	lost	Cambrid	50	DEN NAME First	OOO DATE	oddle	e r	Last
14						ra Ann		route		LUSI
16	Ga 1 o. was deceased ever in U.S		16 WILLE			ra Ann		dress		
, 0	Yes, no ar unknown) (If ye	es give wor or deles of service)	TOD. SOUNE SECONT 11		ther		Toddvil1		rvland	
=	18. CAUSE OF DEATH (En	for malic one smuse nec lie	a for (a) (b) and (c))		CITCL		10447111	710	APPROXIM	ATE INTERVAL
	PART 1. DEATH WAS (CAUSED BY:	# lot (u), (b) and (c),	unie	lei	U-			BETWEEN ON	SET AND DEATH
	JUNI JIM	IMEDIATE CAUSE (a)	S A CONSEQUENCE OF /		0 -	27	, 6	- 0		110/3
L	Canditians, if any, which	gave)	S A CONSEQUENCE OF	nema	Lu	el Tez	6 mo 95	aleu	100	Caro
L	nse to immediate cause stating the underlying co		S A CONSEQUENCE OF				0			0
1	last.	(c)								
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE	TERMINAL I	DISEASE OR COND	ITION GIVEN IN PART 1(a)			
ı	770 .									
CFRTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPS		20b. 1F YES, WERE FIN CAUSES OF DEATH?	IDINGS CON	SIDERED IN CEI	ETIFYING
PTIFI					YES 🗌	NO 🗀X				
			Manth Day Year	21c HOW II	WURY OCCUI	RRED (Enter nat	ture of injury in Part 1 ar	Part 2, Iter	m 18.)	
MFDICAL	OR CONTR BUTING CAUSE	examiner) P.M	19							
2	While Nat while of work	21e PLACE OF INJURY	OFFICE BUILDING ETC.	21F LOCATE	ON Street	or R.F.D. Na.	City or Town		County	State
	at wark at wark	M. (al.: 1	-1-1-1	J.C. Asso		A 10 CO	in Assessment	2/(10.6	Q áhaá	HA front tour
	22a. I certify that # saw the deceas	p (mis naspital) atte ed alive an - Att	ended the decease gust 2319	a fromA118	at in (mv)	4-, 17-DQ	n death accurred on	the date	and hour o	ind from the
1	causes stated a	bave, 🗱 (we) (did)	d id not) view the b	ady after deat	h					
П	22b SIGNATURE)	120	1 000 1		ATTENDING	MED.	C STAFF C	22c DA	TE SIGNED	15
L	Rual	de Afall	Literar	DEGREE	PHYS	DIREC	TOR STAFF	1 8	-26	60
L	22d. PHYSICIAN'S NAME (Type) T)	.Donald Mc	Williams		22e. ADDRE		Ma rket, Mar	srland		
L										(4)
23	g. BUR AL CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CREM	MATORY		Toddayd 1		(County)	(State)
0.4	FUNERAL DIRECTOR	August 28,1	968 Ramily			So. REC D BY RE	Toddsville	DOTO		MG
24	LeCompte For	noral Servi	308°H	igh Stre	et	DATISEP 1	n 1968 2	liant		gla



				MARYLAN	ID STATE DEPARTMENT OF I	HEALTH	
11	1	-1	4/4 / 00.	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	3 -2 F My ,5
4	•	- 1	11465		CERTIFICATE OF DEATH		w., 70
'	٠٠ 2 ٩	- 5	DECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	y the funeral Pages 1 and 2		(Type or print)	WARD TILDO	N Willey	Aug. Aay	19108 3 30 AM
	fun der d	3	SEX	4. RACE	S. DATE OF BIRTH	6. ASP (In years	IF UNOUR I YEAR IF JINDER 24 HRS
	the the soft		MALE	White.	03-24-75		MONTHS DAYS HOURS MIN
	2 2 2 S	,	o BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
	1 2 8 2 L		MARULAND	U.S. A.	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	Dorchester	R Md.
	filled in 72	ħ	D. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital 12a USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	ed within 2 sletely filled carbon papent, within		Cambridge	Give street oddress) Sho	USE STATE LIDSKI	ost of warking life, even if refired)	INDUSTRY
	completely nove carbon y event, wit	<u></u>	drauge and STATE	sed lived, if institution. Residence before			c+
	comi	Ŀ	11110.	DOR.	Combridge YED N	1001 11110	st.
	ond rem	1	4 FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME I	First Middle	Last
	icate be execute sician and completes remove 1, and in any eve		JAME		ley	Dorothy	HURley
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon perhaps should be tiled with the State Dept. of Health priar to buriol, tremotian, or removal, and in any event, within		60. WAS DECEASED EVER IN U.S. AR. Yes, no. or Ohknown) (If yes give	MED FORCES? yor or dotes of service)	MRS. J. Spedden	v (dauchter) Ca	mbridge
	The P	Ī	18. CAUSE OF DEATH (Enter or	ily one cause per line for (a) (b) and (c)).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	official in the second of the	- 1	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	14		3 min
	atter erm nn, c		4	DUE TO, OR AS CONSEQUENCE OF	000	4	15/2
	at the deoth cer the attending p nsit permit. The motion, or remo		Conditions, if ony, which gove		st Varonto	fer	Y' MUS
	that Sn. by 1 by 1 rans		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	- O as love	Parasia	VALIAS
	equires that the physicion. signed by the buriol-transit buriol, cremot		last.	19 generale	(set asserble)	aroses.	40913.
	equires that physicion. signed by 1 buriol-trans buriol, crem	-1		NDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	11.0
	w r sing een the r to		& OCCLUSION	Kt KIMORAH K	utery; ONONA	ily offer orga	14. MECCAPONIA
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-transhould be filed with the State Dept. of Health priar to buriol, createness.	-	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PI	ERFORMED / 20g AUTOPSY? YES \ NO \	20b. IF YES, WERE FINDINGS Q CAUSES OF DEATH?	ONBIDENED IN CERTIFYING
	or ate				21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Port 2,	Item 18.)
	Self figure of the self figure o	-1	OR CONTRIBUTING CAUSE OF DEA		9		
	HYSI hosp s cer sched			PLACE OF INJURY (AT HOME EARM, STREET, FA	ACTORY) 21f. LOCATION Street or R.F.D. No	City or Town	County State
	the this determine Determi		at work of work				
	by tfter Stot		22a. I certify that 🗱 (th	is hospital) attended the deceas	sed from 7 - 76 , 19(28, to 8 -4 , 19	<u>₩</u> , that (4) (we) last
	R: A	ı	saw the deceased o	e (We) (did) (did) view the	sed from 1 - 26 , 19(19 65 , and that in (my) (our) op body ofter death.	inion deorn occurred on the do	ite and nour ond from the
	ATT Stair Sha		22b. SIGNATURE	(/ ((((((((((((((((((22c	DATE SIGNED/
	OR OR CE		Woruld	6.1(celoc11	DEGREE PHYS.	MED. DIRECTOR PHYS.	14168
	rAL AL D Pogg e file	М	22d PHYSICIAN'S NAME (Type)	1 1/0/10	22e. ADDRESS	500 C/(-A= C	DIT A/-ch
	4 m 4 m MER tor,		///	A ICELLE	166 CM16	DEN THAKE ?	יין נשון איזאי.
	HO Oge FUI				CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	5 5 5 %	ŀ		1968 Ruckts	own Churchyard	Cambridge Mc BY REGISTRAR 256. REGISTRAR'S	
	VR A15 (4) 30M REV 176	.0	24. FUNERAL DIRECTOR	Lambric	100 M/4	A section of	. S. O. Sag
	SOM KEY IVE	N.	7) ennets My	mes In rawalla	DATE ALL	6.3 1968 jelio	ser human



	MAKTLANU STATE DEPAKTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
	(Type or print) Rolls Day Year 2 A
	S. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	MATE WHITE 18-19-03 lost birthday) YRS. MONTHS DAYS HOURS MAIN
	TO BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	MOWED DIVORCED DOTCHESIET
, [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired) 12. KIND OF BUSINESS OR during most of working life, even if retired) 12. NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired)
1	Lampridue E.S.J.H.
	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13th COUNTY 11 P. STATE NO 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
ļ	7.11. 17 10.10 241734 0.7
2	A FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	William August Williams Sertrude dormine
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 18b SOCIAL SECURITY NO. 17. INFORMANT F. S. H. S. P. B. C. A. S. P. S. P. C. A. S. P. C. P. C. P. S. P. S. P. C. P. S. P.
-	- Col Head as Communication
-1	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
	IMMEDIATE CAUSE (a) Dronelis Anelismonists + days
- 1	Conditions, if any which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave)
	tice to immediate course (a)
	stoting the underlying couse (c) Creneralized attacos levosis with attern cleratic underlying course
	PART 2/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(0) heart disease
	Distell mellity. Chrone live desease.
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ΧÌ	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 22b TIME OF INJURY (21b HOW INJURY OCCURRED (Fater nature of injury in Part 2 Liest 18.)
	G DECONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
-	
1	21d. INJURY OCCURRED 121e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work
1	22g. (certify that (1) (this haspital) attended the deceased from 21221 , 1928 , to 81281 , 1968 , that (1) (we) to
	saw the deceased alive an 8/28/6019, and that in (my) (aur) apinian death accurred an the date and haur and from the
- 1	causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED,
	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. M. 8/28/68
,	22d. PHYSICIAN'S TO CARLO TO 22e ADDRESS
	NAME (Type) FARUK OZER
	230 BURIAL CREMATION, 230 DATE 23 NAME OF CEMERRY OR CREMATORY 230 LOCATION (Caunty) (Store)
	Semoval (Specify) 4. 9-68 Conglormed Bly Bells, Mil
18	24. FUNIFRAT DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
	Booker on west DATE SEP 1 1 1968 Schooler Judge



THE STATE OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITHORE, MARYLAND 21201 CERTIFICATE OF DEATH 1		1	44884			ATE DEPARTMENT OF		
DECASED MANE First Middle Last Middl	1	ı	11470	DIVISION OF VIT	TAL RECORDS, 301 1	N. PRESTON STREET, BALI	IMORE, MARYLAND 21201	
Type or pnnt			la contraction of the contractio	State 1	CERT	IFICATE OF DEATH		11478
Company Comp	4 _84			3)	Middle	Last	2a DATE OF DEATH	2b HOUR
B SEX PACE S DATE OF BITH S DATE	ero ero	1 (ype or print)	ed	Dulley	Wilmer	9 Manth 11 D	dy Geor 155
The BRITHARE (State or foreign to the What Country?) The BRITHARE (State or foreign to the What Count	5 5 W	3 5	X		Dairey		6 AGE (In years	(0)
To BIRTHRACE (Safe or foreign The CHIZEN OF WHAT COUNTRY) The Country Count	a a a a	1	MAle	NegR	.o		last birthday)	
The country is a country in the property of th	by by auri			7b. CITIZEN OF WHAT	COUNTRY? 8 MAI			·
The state of decessed layer of the state of	d in Sers	Can	MD.	U.S.F	· wind		Dorcheste	R Md.
The part of the pa	in 2 Filler	10.	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITUTIO		AL OCCUPATION (Kind of work done	
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While of work of deceased drive on 19 (did not) view the body after death.	AN: ol ol crote ar u					To HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2	, Item 18.)
21d INJURY OCCURRED While of work of Not work of County State of While of work	Signature Particular P	9	(If either, natify medical examin	ner) P.M.	19			
220. I certify that (I) (this haspita) attended the deceased from 1968, and that in (my) (our opinion death accurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the bady after death.	PHY e has nis ce tach Dept.	2	21d INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT P	HOME, FARM, STREET, FACTORY	21f. LOCATION Street or R.E.D. No	i. City ar Town	Caunty State
sow the deceased drive on	NG The state of th	П		s hashira) attend	ed the deceased from	n 7-15 191	08 to 8-1/ 1	9 (e) that (I) Everylast
E . 高	A b d b d b d b d b d b d b d b d b d b		sow the deceased at	ive on	1968	, and that in (my) (buri)op	inion death occurred on the d	late and hour and from the
	OS Sine	1		(U) (we) (did) (did	not) view the body o	fter deoth.		,
22b. SIGNATURE 22c DATE SIGNED ATTENDING MED STAFF 22c DATE SIGNED	S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	Od V	adan bi	ATTENDING		DATE SIGNED
ATENDER ATTENDED TO DEGREE PHYS. DIRECTOR PHYS. DIR			224 BUYE TENTE	CA. C	zero gri		DIRECTOR PHYS. L. C	11168
22d PHYS.CHAN'S NAME (Type) DO JALD A. KELLOGG 22e ADDRESS NAME (TYP	RAL RAL be f			LD A.K	FUNGE	EXCORP	UCHORE (TH	DE HORDIDAT
23a. BURIAL, CREMATION, REMOVAL (Specity) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	OSE JNE Cron	220	BINDIAL CREMATION 225 I	DATE	1334 NAME OF CEMETER	A UD CDEMYLUDA	1 23d LOCATION (City or Town)	(County) (Chata)
230. BURIAL, CREMATION, REMOVAL (Specity) 230. BURIAL, CREMATION, REMOVAL (Specity) 230. DATE 240. DATE 24	E go Cig es (230.	REMOVAL (Specity)			TOR CREMATORT	, , ,	
24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	(1.1)4	24.		10/00		2Sa. REC'D E	BY REGISTRAR 2Sb. REGISTRAR	
30M REV. 1/68 BEN DATE AUG 1 6 1968 MCMarles Junger	VR A15 MV 30M REV. 1/68	15	B E. 11) and	rus.	+260	Castas MA DATE AUC	6 1 6 1968 your	was judge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11479 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. 1. DECEASED-NAME First 20. DATE KNOWNE 2b. HOUR WILLIS WINDSOR, Jr. (Type or Print) ESTI-DEATH MATED HE LINDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR Male White Jan. 8, 1960 PM3. Doy 72 Year 1608 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA Dorchester WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY NOTE Cambridge Md. Hospital during most of working life, even if retired.) Cambridge Give 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY ELMITS? 13e, STREET AND NUMBER odmission) STATEMarvland 13b. COUNT Dorchester Spring Drive, RFD #2 Cambridge YES TO NO TO 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Willis C. Windsor Louise Spear shauld be farwarded to the Chief Medical Examiner 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LeCompte Funeral Service records 16b. SOCIAL SECURITY NO. be executed within (Yes, no or unknown) None APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Multiple injuries. severe Instant DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) PRIMARY X OR CONTRIBUTING cremation, EXAMINER: CAUSE OF DEATH Hit by car on Highway 21e. PLACE OF INJURY (At home, form, street, City or Town County foctory office building, etc.)
Highway WHILE AT WORK AT WORK US 50 Near Cambridge. Dor. 220. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection X. Inquiry . ond in my opinion Accident X deoth resulted fram: Natural causes Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8/13/68 DEPUTY MEDICAL EXAMINER 5 may b 70 FUNER Health EXAMINER'S John Mace Jr. M.D. NAME (Type) ADDRESS(Street, city, town, or county) Cambridge. Md. the 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Aug 15, 1968 Dorchester Memorial Park Cambridge, Maryland 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR ALSME (S) DATE AUG 1 5 1968

MAKYLAND STATE DEPARTMENT OF HEALTH

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MAKYLAND STATE DEPARTMENT OF HEALTH

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